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Atty Docket No. 018865-007410US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Edward J. Wojciechowicz

Group Art Unit 2815

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Edward J. Wojciechowicz

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Ruben Madrid, Application No. 10/799,895, filed March 11, 2004 for CARRIER WITH METAL BUMPS FOR SEMICONDUCTOR DIE PACKAGES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

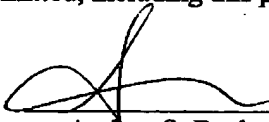
1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-9 Pages

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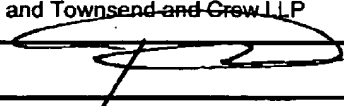
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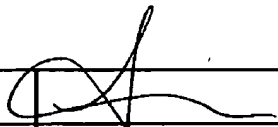
60568783 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/799,895
	Filing Date	March 11, 2004
	First Named Inventor	Madrid, Ruben
	Art Unit	2815
	Examiner Name	Edward J. Wojciechowicz
	Attorney Docket Number	018865-007410US
Total Number of Pages in This Submission		12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
Date	8/22/05	Reg. No.	40,456

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